

THE APPLICANT SHALL COMPLETE ALL SECTIONS, SIGN AND SUBMIT TO PORT OTAGO MARINE DUTY PILOT FOR APPROVAL AT LEAST 24 HOURS PRIOR TO WORK.
□ Approval Checklist has been reviewed with the applicant prior to the commencement of work
SECTION 1: GENERAL
Agent / Authorised Representative Requesting Immobilisation
Contact Phone: Email / Fax:
Vessel Performing Immobilisation: Location / Berth
Nominated Person in Charge of Immobilisation
Contact Phone: Email / Fax:
Permit Valid From:(Hrs) Date: To:(Hrs) Date:
SECTION 2: WORK DETAILS
Type of Immobilisation: Propulsion System Anoeuvring System Other
Description of Work

SECTION 3: APPROVAL CONDITIONS	Y	Ν	N/A
Vessel MUST be securely moored alongside the berth throughout			
Master should consider the weather forecast prior to immobilising and review throughout the immobilisation period			
Advise Harbour Control on VHF CH 14 prior to and on completion of immobilisation			
Turning over of the propeller MUST NOT take place while working cargo i.e. Cranes over the vessels and hoses are connected			
The gangway MUST be lifted should there be a requirement to turn over the propeller upon completion of engine maintenance			
Crew MUST be stationed fore and aft should the propulsion system require to be tested and advise Harbour Control prior to doing so			
After repairs have been completed. The Main Engines are required to perform to design standards with the vessel attaining the performance standards as indicated on the Pilot Card during the departure of the vessel from Port Chalmers berths.			



If the Applicant is the Comp warranties, undertakings an	any that will carry out the work, ad acknowledgements:	by applying for this approval i	t makes the following	
	t it understands the nature of the w work and accepts responsibility (inc			
	o Notify Port Otago Limited as soo arried out safely, and to liaise with			
3. The Applicant warrants that	t, where it has particular expertise	or technical knowledge with resp	ect to the work.	
If the Applicant is not the Co warranties, undertakings an	ompany which will carry out the ad acknowledgements:	work, by applying for this perr	nit it makes the following	
1. The Applicant warrants that	t it understand the nature of the wo	ork and the risks that are associa	ted with the work.	
	o take whatever steps are required work and the risks associated with		ich will carry out the work	
	t the Company which will carry out cluding occupational health and sa		nce to carry out the work	
notifies Port Otago Limited as	o take whatever steps are required soon as possible after it identifies t Otago Limited to carry out the wo	any issue which would prevent th		
5. The Applicant must submit harbour.master@orc.govt.nz	the permit to dutypilotspermitappro	oval@portotago.co.nz and copied	d to the Harbour Master	
Applicant's Authorised Rep	presentative:			
(Name)				
Approval Authoriser:	(Signature + Title)	(Date)		
(Name)	(Signature + Ti	tle)	(Date)	
SECTION 4: PERMIT CLOS	E OFF			
It has been communicated to • the work has been co	mpleted and all persons who had a	a role in carrying out the work, m	aterials and equipment	
 have been withdrawn the work area has been withdrawn 	, and en made safe and all operational a	ctivities can resume, and		
	state of mobilization and can be n		ns.	
Authorised Representative of Applicant Signed OR Company in Charge of Works Signed				
(Name)	(Signatu	re + Title)	(Date)	
Permit Authoriser:				
(Name)	(Cianatu	re + Title)	(Date)	
(140116)	Gigilatu			